

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010289

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 47

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONETT		c. CITY OR TOWN Rural	
Length of stay in 1b 4 Months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SCROGGINS NURSING HOME		d. STREET ADDRESS (If outside, give location) Purdy	
3. NAME OF DECEASED (Type or print) First JAMES Middle ALEXENDER Last HIGGS		4. DATE OF DEATH Month APRIL Day 3 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-13-1883
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (City and state or country) Cassville, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Seth Redrick Higgs		13b. MOTHER'S MAIDEN NAME Martha Tucker	
14. NAME OF HUSBAND OR WIFE Zula Higgs		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs Juanita Antle Exeter, Mo. R#	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease DUE TO (b) Senile dementia DUE TO (c) Senile dementia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile dementia		INTERVAL BETWEEN ONSET AND DEATH 3 years	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 11-16-62 to 4-3-63 and last saw him alive on 3-26-63 Death occurred at 1:45 A. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) J. H. Edwards MD	
22b. ADDRESS Monett, Mo		22c. DATE SIGNED 4-3-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-5-1963	
23c. NAME OF CEMETERY OR CREMATORY Mt Pleasant Cem.		23d. LOCATION (City, town, or county) Butterfield, Mo.	
24. FUNERAL DIRECTOR ADDRESS W. Marie Jones Wheaton Mo		25. DATE RECD. BY LOCAL REG. 4-4-63	
26. REGISTRAR'S SIGNATURE Mrs P. N. Cook			

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STATEMENT BY LICENSED EMBALMER

0-68

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Wm Marie Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaten, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Barney